

Briefing: Overseas Aid

June 2021

Summary

The Royal College of Paediatrics and Child Health (RCPCH) published a [joint statement](#) in December 2020 with the [International Child Health Group](#). We urged the UK Government to reconsider its planned cuts to the overseas aid budget and warned of the devastating impact the budget cut would have on global child health outcomes. We implore the UK Government, again, to rethink their decision and recommit to spending 0.7% of gross national income on overseas aid.

Impact of overseas aid on child health

Over the last 30 years, [global child mortality has fallen by over half](#) – an achievement unprecedented in human history and substantively supported by increases in aid funding. Multiple systematic reviews show significant improvement in key aspects of child health associated with aid. An increase of [1% in health aid reduced infant deaths by 2.6%](#) in sub-Saharan Africa between 1990 and 2010.

Healthy child development is [associated with stronger economic growth](#), which enables countries to become less aid-dependent, and to take on the funding of their own development.

Cutting the UK overseas aid budget will result in a significant number of child deaths. Estimates suggest that more than a [million excess child deaths](#) could occur as a result.

The current cuts risk wiping out the value of very large UK aid investments committed to date in: maternal, newborn and child survival, paediatric clinical care development, sexual and reproductive health and global disease control and eradication programmes.

RCPCH work in a global context

[RCPCH Global](#) support long-term high-value partnerships between health research, clinical and practitioner communities in the UK and low- and middle-income countries, helping identify and develop cost-efficient interventions and health system strengthening strategies to improve paediatric care and child health outcomes.

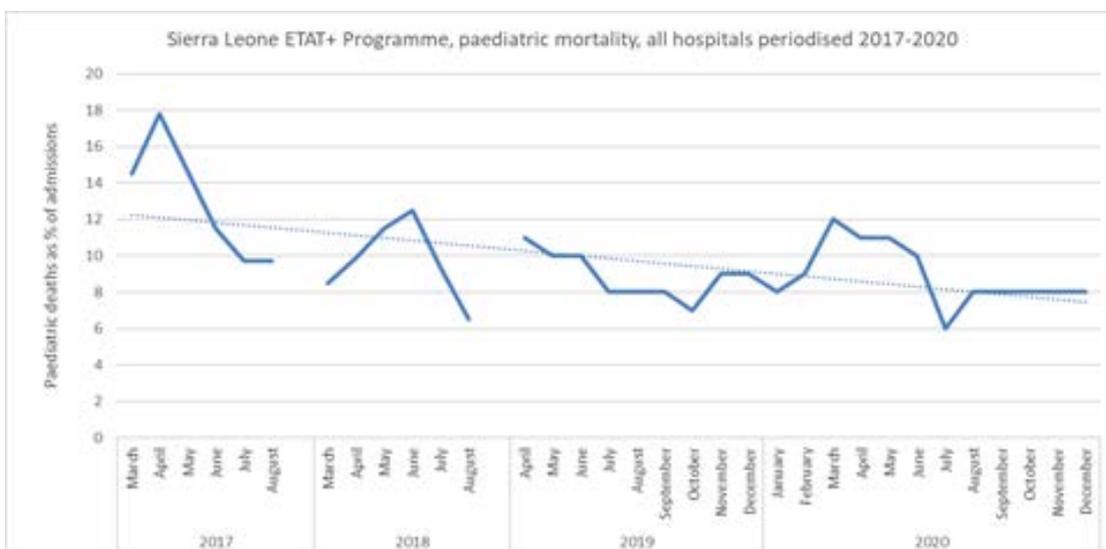
RCPCH Global programmes in Sierra Leone, Myanmar, Rwanda, Uganda and Kenya have seen significant reductions in neonatal and under-5 child mortality supporting countries' progress towards the [Sustainable Development Goals](#).

RCPCH Global [deploys qualified clinicians](#) to work on a voluntary basis in long-term positions from 6-12 months in our ongoing programmes. Our teams work with local staff to transfer clinical knowledge and skills in sustainable ways leading to improvement in the quality of care provided to infants, children and young people in very challenging environments.

Participation in RCPCH Global programmes contributes to clinicians' professional development bringing substantial value back to the NHS.

Case Study: Sierra Leone

RCPCH Global has forged a strong long-term partnership with the national Ministry of Health and Sanitation, building a national emergency paediatric care programme to improve hospital response to critically ill children. The programme which showed significant improvement in triage times (reducing time from triage to oxygen from 215 to 8 minutes) and nurse-led emergency assessment, and has now been adopted as a national programme, rolled out across all regional and district government hospitals.



The national programme, funded by the then Department for International Development, was delivered by RCPCH Global through teams of UK clinicians working on a volunteer basis, paired with Sierra Leone nurse counterparts.

Between 2017 and 2020, mortality as a proportion of paediatric admissions fell from 15.6% to 9.1% - a **reduction of just under 40%**. The programme costs £300,000 per year. At a conservative estimate of 36,000 paediatric admissions per year (which is rising year on year as the Sierra Leonean system strengthens), this is a cost of £142 per child's life saved.

RCPCH Global's programme demonstrates how cost-efficient investments in basic care systems in the secondary hospital level can produce positive impact.

In January 2021, RCPCH Global were in the latter stages of a long process of negotiation with the Foreign, Commonwealth and Development Office (FCDO) on the renewal of the grant for a further 12-18 months. In late February, we were informed that the grant would not be renewed, but would instead be terminated, giving RCPCH Global a little less than 28 days to wind up a national government-backed programme.

The loss of the funding has stalled a valuable programme. The manner of its withdrawal puts at risk much larger relations of trust and partnership between the UK and Sierra Leone. It also forfeits the accrued value of a decade of UK-led health sector funding in the country, amounting to far more over those years and the savings made through the cuts.

Calls to Government

- 1) Scrap plans to reduce the ODA budget, and recommit to spending 0.7% of gross national income on international aid.**
- 2) Ensure appropriate notice is given for next year's budget allocations for specific development projects, to ensure organisations working on the ground like RCPCH Global can preserve relationships at the local and national level, and local clinicians are able to plan for any reduction in funding.**

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